

## MINUTES

*(Subject to approval by the Task Force)*

### HEALTH CARE TASK FORCE

January 13, 2010  
Boise, Idaho

Health Care Task Force members present were Senators Dean Cameron, Joe Stegner, John Goedde, Tim Corder, John McGee, and Nicole LeFavour and Representatives Gary Collins, Sharon Block, Carlos Bilbao, Fred Wood, John Rusche, Elaine Smith and Neil Anderson (serving for Representative Jim Marriott). Senator Patti Anne Lodge and Representative Jim Marriott were absent and excused. Legislative Services Office (LSO) staff present were Paige Alan Parker, Amy Johnson and Charmi Arregui.

Others attendees were: Senator Joyce Broadsword, District 2; former Representative Margaret Henbest, Idaho Alliance of Leaders in Nursing; Lyn Darrington, Regence BlueShield of Idaho; Suzanne Budge, SBS Associates and National Federation of Independent Business (NFIB); Molly Steckel, Idaho Medical Association (IMA) and American Cancer Society (ACS); Ken McClure, Idaho Medical Association (IMA); Joie McGarvin, America's Health Insurance Plans; Dick Schultz, Leslie Clement, Jane Smith, Rebecca Coyle, Traci Berreth, Patricia Guidry, Erin Rudd, Cailin O'Farrell, and Chris Hahn, M.D., Department of Health and Welfare (DHW); Corey Surber, St. Alphonsus; Perri Stevens and Gene Tosaya, MedImmune; Heidi Low, American Cancer Society, Cancer Action Network; Raulo Frear, Pharm.D., Regence BlueShield of Idaho; Bruce Krosch, Public Health District No. 3; Sarah Michael, Sanofi Pasteur; Matthew Brown, M.D., Saint Alphonsus Medical Group Pediatrics; Kurt Stembridge, GlaxoSmithKline; Tammy Perkins, Office of the Governor; Lindsey Wright, Givens Pursley; Jeremy Pisca, Benjamin Davenport, and Drew Thomas, Risch Pisca, PLLC; Steven Shaw, Connolly and Smyser; Katie Apple, Treasure Valley Pediatrics; Steve Millard, Idaho Hospital Association; Sarah Fuhrman, Roden Law Office; Andrea Casper, American Heart/Stroke Association; Juli Coburn and Christian Buhler, Pfizer Vaccines; Tami Jones, Treasure Valley CCS; John Watts, Idaho Primary Care Association; Joan Krosch, Department of Insurance; Betsy Russell, The Spokesman-Review; and Ben Botkin, Times-News.

**Co-chair Senator Dean Cameron** called the meeting to order at 3:08 p.m. He said that leadership had inquired about the progress of this task force, and he thanked **Paige Alan Parker** (LSO) for the report preparation on which **Senator Cameron** was commended.

**Representative Bilbao** moved that the Minutes from November 30, 2009, be approved and seconded by **Senator McGee**. Approval was by unanimous voice vote.

**Senator Joe Stegner** reported that the Mental Health Subcommittee had not met since the task force's previous meeting. He reported that Governor Otter's Mental Health Transformation Work Group is progressing and that work group's first report to the Governor is now in draft form.

**Senator Cameron** updated the task force on the Immunization Subcommittee held prior to this meeting. The minutes of that meeting can be found at:

<http://legislature.idaho.gov/sessioninfo/2009/interim/immunizations0113min.pdf>

**Senator Broadsword** updated the task force on discussions regarding oral chemotherapy parity. At the task force's last meeting she had been asked to form an ad hoc committee to meet with the medical community, insurance providers and interested parties to discuss this issue. That meeting took place last week. The committee agreed to come up with a set of questions to define the problem. The insurance companies are working on a survey with medical providers that will go out to the oncology entities soon. The IMA graciously agreed to facilitate this survey to members, hoping to get those surveys back in a timely manner. She doesn't know if a solution can be found, short of legislation. **Senator Broadsword** has drafted legislation to address this problem and will print it as a personal bill; she will hold this legislation in abeyance until the surveys are returned and another ad hoc meeting has been held.

**Senator Cameron** added that the findings of that ad hoc group will probably not require any action by this task force and that **Senator Broadsword** could act on her draft legislation, if necessary.

**Senator Cameron** announced that the task force would now discuss proposed draft legislation on the agenda; the following drafts were handed out and are available at LSO:

DRPAP032 - Health Care Planning;

RS19264 - Health Quality Planning Commission study of strokes;

DRPAP052 - Idaho Childhood Immunization Policy Commission;

DRPAP-54 - Carrier assessment for vaccine acquisition;

DRPAP057 - Senate Concurrent Resolution Opposing Federal Health Care Reform;

DRPAP056 - Psycho-Social Rehabilitation Specialist Licensure.

**Senator Cameron** added that generally the task force does not hold hearings at its last meeting of the year but rather reviews proposed legislation to determine whether it should be

recommended to the Legislature. He explained that actions taken by this task force do not preclude any body or member from bringing forth draft legislation on their own at any point in time nor does action taken by this task force ensure passage of legislation by the Legislature.

**Representative Rusche** explained DRPAP032 would revise duties of the Health Quality Planning Commission related to health information technology planning and reporting. He believes there is a need for carriers, providers, hospitals, businesses and those involved in financing health care to discuss issues of concern. This draft strikes the sunset date (July 1, 2010) and changes the duties the commission is required to perform, which include monitoring the effectiveness of the Idaho Health Data Exchange, making recommendations to improve the capabilities of health information technology, permitting the use of information from other data sources, monitoring and reporting appropriate indicators of quality and patient safety and recommending mechanisms to promote public understanding of provider achievement of clinical quality and patient safety standards.

**Senator Goedde** asked if allowing the commission to use “other data sources” would allow the commission to control the data management system currently in use in southeastern Idaho.

**Representative Rusche** answered this draft legislation would not put the commission in control of anything but simply allows others to share data with it. **Senator Goedde** asked if the legislation would allow the commission to dictate any kind of structure that might preclude receiving useful information. **Representative Rusche** answered that the legislation would not preclude useful information.

**Senator Goedde** asked about any fiscal impact and **Representative Rusche** said that the draft did not include a fiscal impact statement. The commission is already in existence, and he planned to ask the Department of Health and Welfare if there would be any additional cost. If there is a fiscal impact, a statement would be attached as the draft moves through the legislative process.

**Senator Cameron** said the draft was before the task force. **Representative Fred Wood moved that DRPAP032 be sent forward with a do pass recommendation, seconded by Senator Stegner and the motion passed unanimously by voice vote.**

**Representative Rusche** next presented RS19264, a House Concurrent Resolution, stating findings of the Legislature and encouraging the Health Quality Planning Commission to study stroke systems of care in Idaho and develop a plan to address stroke identification and management. He stated that the commission is the appropriate place to study what is being done in Idaho regarding strokes and how to do it better. The problem is especially acute in Idaho’s rural areas.

**Senator McGee** asked about fiscal impact to develop this new plan. **Representative Rusche** answered that he did not have a fiscal impact statement.

**Senator Goedde** asked what would be the effect of a resolution in directing an agency to produce a study, since it would not be law. **Senator Cameron** answered that a resolution states the wishes of both the Senate and House. However, in his experience, agencies will listen to the desires expressed in a resolution, since it states the will of the Legislature.

**Representative Rusche** said the commission would utilize its existing resources and that the resolution would simply encourage the commission on how it directs those resources.

**Senator Cameron** announced that RS19264 was before the task force. **Representative Block moved that the task force recommend this resolution go forward, seconded by Senator Corder and the motion passed unanimously by voice vote.**

**Senator McGee** asked that the record reflect that the task force had a discussion on possible fiscal impact of resolution RS19264 and that **Representative Rusche** agreed to look into that. Although this task force is recommending the passage of this resolution, if there is a substantial economic impact, he reserves the right to not support this resolution.

**Representative Block amended her original motion to provide that the task force recommend this resolution go forward with a fiscal impact statement. Senator Corder seconded the amended motion.**

**Senator Cameron** pointed out that a resolution does not have a fiscal impact statement and that all bills moving forward need to have a fiscal impact statement and a statement of purpose. Membership on this task force does not necessarily mean that a member is bound by the member's task force vote in a committee or on the floor. **Senator Cameron called for a voice vote on the amended motion, and the amended motion passed unanimously.**

**Representative Rusche** next addressed DRPAP052 - Idaho Childhood Immunization Policy Commission. He stated that Idaho has not adopted the best practices on immunization policy and the proposed commission is an attempt to improve childhood immunization rates in Idaho. The proposed commission was recommended by **Dr. Ted Epperly** and **Russell Duke** in a presentation to the task force during a previous meeting.

**Senator Cameron** said it was probably an error in not having the Immunization Subcommittee address this draft, but that it was now before this task force for discussion.

**Senator McGee** said although he agreed that immunization rates need to be increased, he asked whether there should be sunset clause on the commission's term. **Representative Rusche**

responded that a sunset clause would be appropriate and agreed to have that added to this draft.

**Senator Cameron** announced that DRPAP052 was before the task force. **Senator McGee moved that the task force send DRPAP052 to the Legislature with a do pass recommendation with the stipulation that this draft include a sunset clause, seconded by Co-chair Representative Collins. The motion passed unanimously by voice vote.**

**Senator Cameron** addressed the next agenda item DRPAP054 - Carrier assessment for vaccine acquisition. He said that section 1 of the draft codifies the vaccine selection committee currently in place and includes a member of the vaccine assessment board on that committee. Section 2 of the draft, adds a new chapter 60, title 41, to the Idaho Code, creating a process for immunization assessments on carriers. Under the existing system, the federal government funds the purchase of vaccines for uninsured children and the state purchases vaccines for insured children. Last year, the Governor recommended and the Legislature enacted a proposal to remove state funding for vaccines with the belief that low- cost vaccine could be purchased through a pool. However, that did not prove to be a viable solution. Obviously, vaccine rates need to be increased. This draft will not directly accomplish that goal but should keep rates from declining further and establish stable funding for the vaccine program in order to help improve vaccine rates in the future. The board created by this legislation is similar to the high risk pool board, has composite membership and has the authority to assess insurance companies to pay for the cost of vaccine administered to their insureds. The money raised through this assessment is to be deposited in a dedicated fund to purchase vaccine and pay administrative expenses. A New Hampshire model provided the framework for this draft. The insurance industry retained legal counsel to review the legality of this proposed legislation, which was drafted by **Steve Thomas**. Rulemaking authority is delegated to the Director of the Department of Insurance. There is an emergency clause effective February 1, 2010, with first assessment due April 1, 2010.

**Ms. Jane Smith** delivered good news to the task force. Since not as much vaccine had been ordered in the past few months and since money requested from the Centers for Disease Control and Prevention were released last week, there is sufficient funding to carry through universal select status until April 1, 2010.

**Senator Goedde moved that DRPAP054 be moved forward with a do pass recommendation, seconded by Representative Bilbao and the motion passed unanimously by voice vote.**

**Senator Cameron** announced the next agenda item was DRPAP057 - Senate Concurrent Resolution Opposing Federal Health Care Reform. He is opposed to the health care reform proposals currently before Congress that he believes challenge the U.S. Constitution, including but not limited to, the improper delegation of Congressional powers and the imposition of

individual mandates. He believes that there has been unfair and unequal treatment to the state of Nebraska. Under the pending proposals, health care costs will go up, choices will be fewer and state budgets will be affected by expanding Medicaid and thus shift a burden onto Idaho's taxpayers. **Senator Cameron** does not believe that the proposed legislation will improve access to insurance coverage or health care. There are now 13 states reviewing the legality of proposals. The Governor has avowed to fight these proposals in court.

**Representative Rusche** asked why this draft was a resolution rather than a memorial. **Senator Cameron** answered that when drafted, he thought it should be a resolution. His inclination is that memorials are usually positive, and he does not believe this subject qualifies as positive.

**Representative Rusche** said that while there are concerns about the two bills pending before Congress, nobody really knows what health care reform will eventually look like. He believes a resolution opposing a bill not yet passed is premature. Also, some of the "whereas" clauses in the resolution are inflammatory and not supported by the facts.

**Senator McGee** suspects that health care reform may not pass and, therefore, there may be no need for this resolution; however, if this task force is going to endorse a draft to the entire Legislature, it should address this resolution. **Senator McGee** stated that the pending federal legislation does nothing to address the real, root problem, the cost of delivery of health care. His constituents have no desire to pay for the deal cut with the Senator from Nebraska. He supports this resolution and would co-sponsor it.

**Senator Goedde** said that the resolution is short one "whereas," which should address the amendment to the Senate bill that would mandate construction companies of five or more employees to provide medical insurance. Given that the construction industry is among the hardest hit by the recession, he thinks this alone would put companies out of business and people out of homes.

**Representative Block** said she believed the proposal before Congress will create an expansion of Medicaid that would affect Idaho's budget, impose a large amount of regulation upon the state, inhibit the state's ability to control its own health care destiny, and place a huge burden of debt on future generations.

**Senator Corder** believes we should support policy of our Governor, but he also thinks we need to make sure the numbers cited in the resolution are right. He would be happy to support this resolution if the final version determines that those numbers are absolutely correct.

**Senator Cameron** replied that the numbers in the resolution are actual numbers for which references could be provided. He stated that federal health insurance reform costing around a

trillion dollars is an item for debate. He added that the Senate version requires a 20% reduction in payments to physicians, which appears to lower the overall cost of the legislation, but that at the same time a trailer bill would reserve those costs, resulting in a congressional slight of hand.

**Senator Corder** said that although the pending federal proposals would cost a lot, putting a certain number in this resolution on provisions that have not been enacted is inappropriate. A resolution without debatable numbers might be more appropriate. **Senator Cameron** pointed out this was a draft only and that changes are up for discussion.

**Senator LeFavour** said that while she was not incredibly fond of what looks like the final version of health care reform, there are points in this resolution with which she does disagree.

**Representative Bilbao** commented that he was elected to represent people in his district and the people of Idaho, including senior citizens who are so frightened of what is going to happen to them if they lose services or pay higher taxes. We can't afford to lose senior citizens or children; this is not the right reform for our people here or across the nation at this time. There must be a better way of doing business. This resolution helps to alleviate those fears. He believes it will take guts to vote for this resolution, but he must vote for the people he represents.

**Senator Cameron** announced that resolution DRPAP057 was before the task force. **Senator McGee moved that the task force give a do pass recommendation to this draft concurrent resolution, seconded by Senator Goedde. A roll call vote was called for. The motion passed with 7 ayes and 5 nays; Senator Stegner, Senator Corder, Senator LeFavour, Representative Rusche and Representative Smith were recorded as voting no.**

The next draft agenda item was presented by **Senator LeFavour**, DRPAP056 - Psycho-Social Rehabilitation (PSR) Specialist Licensure. She apologized for the late arrival of this draft, adding that **Tami Jones** had been working with many entities around the state involved in mental health counseling and treatment in developing this legislation, including consultation with the Department of Health & Welfare and the Bureau of Occupational Licensing. She believes this draft legislation would increase accountability and provide more ongoing training and monitoring, which are desired in the psycho-social rehabilitation service area. More effective services could possibly have a positive impact on the general fund.

**Representative Bilbao** asked what the fiscal impact would be to the state. **Senator LeFavour** answered there is no specific fiscal impact, since the bulk of the cost would be the Bureau of Occupational Licensing's oversight of practitioners and the development of rules. Certainly, the PSR Specialist Licensure Commission would create no greater impact than other commissions.

**Senator Goedde** asked about a fee for licensing and whether the fee would cover the costs.

**Senator LeFavour** deferred to **Ms. Tami Jones**, a clinical social worker who owns a psycho-social rehabilitation agency and full-service mental health clinic in Boise, is Vice President of the Mental Health Providers Association of Idaho and has worked on several task forces. She has been working on this issue for several years. **Ms. Jones** stated that the fiscal impact to the state of Idaho for all regulatory boards is through the Bureau of Occupational Licensing; the boards are required by statute to be self-supporting. The fee would have to be enough to cover all expenses.

**Senator Goedde** asked how many PSR specialists are licensed in Idaho. **Ms. Jones** answered that currently there is no licensure requirement in the state for PSR specialists. She anticipated that when licensed, the number would be around 1,000. **Senator Goedde** asked if these specialists were being licensed out-of-state. **Senator LeFavour** clarified that specialists are being currently required to receive out-of-state certification, which is extremely expensive, far more expensive than this proposal for state licensure.

**Senator Stegner** believes it to be only a matter of time before the state takes up licensure of PSR specialists, an area that certainly needs to be examined by the state, since anyone can open up shop and say they are qualified to practice. He believes that there is a huge difference in the quality of performance across the state and that there should be consistency. However, his concern is that if this task force recommends this draft legislation, an improper message might be sent that this proposal has been thoroughly reviewed. Licensure is very controversial. He asked if **Senator LeFavour** would be adverse to the task force allowing this draft to go forward without recommendation. **Senator LeFavour** said she completely understood his concern. She stressed that **Ms. Jones'** work on this draft involved discussions with many entities in the community who would be affected by this legislation. She feels very confident about this draft and invited feedback and suggestions for its improvement.

**Representative Block** commented that she had not had time to review this draft adequately, and she asked if someone from the Department of Health & Welfare could comment. **Ms. Leslie Clement**, Administrator, Medicaid Division, Department of Health & Welfare, said that Medicaid is the sole payer for PSR services in the state, so there are no other health plans that cover this particular service. She believes it important to establish licensing, adding that this draft had been received by Health and Welfare one day prior to this meeting. Health and Welfare will be happy to further review this draft and provide input. There are details that could improve the product so that this licensure has significance and would improve competency and delivery of services.

**Representative Rusche** said that uniform standards and oversight across the state are certainly appropriate and that he applauds a group of professionals who self-monitor themselves. He

believes that this draft legislation should move forward, even without recommendation, since there is value in this draft.

**Co-chair Collins** commented on the fact that the Department of Health & Welfare is the sole payer for PSR services and asked **Ms. Clement** about the current criteria required by the Department for PSR services. **Ms. Clement** said that agency rules are used and within those rules, provider qualifications and standards are spelled out. The state plan is also approved by the federal government.

**Senator Cameron** asked if Health & Welfare is the only payer, would licensure of PSR specialists drive up the costs of those services. **Ms. Clement** said that this draft really gets to the heart of ensuring competent providers in the state, adding that PSR specialist licensure would lessen the micro-managing that is currently necessary to ensure more competent and qualified providers. She believes this draft approach is very solid and should not drive up costs.

**Senator Stegner moved the task force support forwarding DRPAP056 with no recommendation, seconded by Senator McGee, and the motion passed unanimously by voice vote.**

**Senator Cameron** adjourned the meeting at 4:23 p.m.